

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
FORT WORTH DIVISION

 ORIGINAL

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

DISTRICT COURT NORTHERN DISTRICT OF TEXAS	
FILED	
AUG 18 2014	
12:36 PM CH/5ADK	
CLERK, U.S. DISTRICT COURT	
By _____	Deputy _____

JOHNNY DEWAYNE LEWIS #1879387

Plaintiff's name and ID Number  
LINDSEY STATE JAIL

1620 FM 3344 JACKSBORO TX 76458

Place of Confinement

CASE NO: 4-14CV-673

(Clerk will assign the number)

v. CORRECTIONS CORPORATION OF AMERICA

WARDEN MARY BRADIN 1620 FM 3344  
JACKSBORO TX 76458

Defendant's name and address

U.T.M.B. VICKIE EASTER JOHN R LINDSEY STATE JAIL  
1620 FM 3344 JACKSBORO TX 76458

MEDICAL ADMINISTRATOR

Defendant's name and address

CORRECTIONAL MANAGER HEALTH CARE  
ALLEN HIGHTOWER - DIRECTOR P.O BOX 99  
MUNTISVILLE TX 77342

Defendant's name and address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

## CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked **"NOTICE TO THE COURT OF CHANGE OF ADDRESS"** and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

**I. PREVIOUS LAWSUITS:**

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? 2 YES \_\_\_\_\_ NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit describe the additional lawsuits on another piece of paper, giving the same information.)
1. Approximate date of filing lawsuit: 10-3-2010
2. Parties to previous lawsuit:  
Plaintiff(s): JOHNNY LEWIS  
Defendant(s): STATE OF TEXAS
3. Court (If federal, name the district; if state, name the county) NORTHERN OF ABILENE
4. Docket Number: 1:13-CV-101
5. Name of judge to whom case was assigned: CUMMINS
6. Disposition: (Was the case dismissed, appealed, still pending?)  
STILL PENDING
7. Approximate date of disposition: \_\_\_\_\_



There has been many attempts to resolve medical need but medical staff files false reports or abuse authority. medical took "KOP" keep on person and made it pill window only medications that other offenders has in their possession. This is just one act of their behaviors toward offenders. The acts of their actions to have one doctor for the whole unit. If seen it is a person not qualified in knowledge for proper treatment. So it goes untreated. The sick call has no remedy due to its no doctor to see you. Your told you will see doctor in week or two. Pain goes on. Doctor is on unit once a week only.

The treatment is unconstitutional to keep being harmed and no timely response from medical.

Medical denies treatment for serious medical needs. Medications if given does not help in any way.

Mental cruelty inflicted.

Disability Rights Network of Pennsylvania v. Wetzel. U.S.D.C (M.D. Penn) Case No 1:13-cv-00635-JEJ  
Even though certain conditions might not be unconstitutional on their own, they add up to create an overall effect that is unconstitutional. Palmer v. Johnson 193 F.3d 346 (5th Cir. 1999)  
Multiple conditions add up to create a single, identifiable harm Wilson v. Seiter, 501 U.S. 294, 305 (1991) inmates rely on prison authorities to treat our medical needs. Authorities fail to do so Those needs will not be met "Estelle v. Gamble, 429 U.S. 97, 103 (1976) Eighth Amendment Guarantee. inmates need adequate medical care has been violated.

ADMITTED TO A PSYCHIATRIC UNIT 2-08-13 RELEASED TO STATE  
JAIL 9-22-13 FOR DEMENBIA. GIVEN "GEODON" MEDICATIONS. JOHN R LINDSEY  
TOOK THIS MEDICATION AWAY. SEVERE HEAD ACHES CHRONIC. CARBAMZEPINE  
200MG. GEODON 80MG TWICE DAILY. OMEPRAZOLE 20MG. SEVERE PAIN  
WITHOUT MEDICATIONS. AS WELL AS SEVERE SHOULDER PAIN. HAS TROUBLE EATING  
SLEEPING. CANT LIFT ARMS ABOVE SHOULDERS. MEDICATIONS GIVEN HAS NO  
REMEDY. WHAT SO EVER. DENIED MEDICAL ATTENTION 4-10-14, MEDICAL  
PERSONAL DENIES MEDICAL ATTENTION AT TIMES. GIVEN MEDICATIONS AND  
FIND OUT LATTER IT WAS NEVER ORDERED FROM PHARMACY HUNTSVILLE.  
DENIED. THERPY FOR SHOULDERS AT MONTFORD UNIT. DENIED ANY TYPE OF  
MEDICAL FOR SHOULDERS. GIVEN MEDICATIONS THAT WILL NOT STOP PAIN.

## VII. GENERAL BACKGROUND INFORMATION:

Johnny Dewayne Lewis

#1558124 #1879387

4. Have the sanctions been lifted or otherwise satisfied? \_\_\_\_\_ YES \_\_\_\_\_ NO

C. Has any court ever warned or notified you that sanctions could be imposed? ☒ YES ☐ NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): FORT WORTH, NORTHERN
2. Case number: SAME CASE
3. Approximate date warning were imposed: \_\_\_\_\_

Executed on: 8-7-14  
(Date)

JOHNNY DEWAYNE LEWIS  
(Printed Name)

Johnny Lewis  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 7 day of AUGUST, 20 14  
(Day) (Month) (Year)

JOHNNY LEWIS  
(Printed Name)

Johnny Lewis  
(Signature of Plaintiff)

**WARNING:** The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.



# Texas Department of Criminal Justice

## STEP 2

### OFFENDER GRIEVANCE FORM

Offender Name: Johnny Lewis TDCJ # 1879387  
 Unit: LINDSEY Housing Assignment: C-1-25  
 Unit where incident occurred: 1620 Fm 103344

#### OFFICE USE ONLY

Grievance #: 2014130508

UGI Recd Date: MAY 13 2014

HQ Recd Date: MAY 16 2014

Date Due: 6-27

Grievance Code: 605

Investigator ID #: 312

Extension Date: 8-11

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

NO REASON FOR ME TO PUT IN A SCR DUE TO I WAS TO SEE DOCTOR ON 4-10-14 DUE TO NURSE PUT ME IN TO SEE DOCTOR ON 4-09-14, PROPER PROTO CNI WAS FOLLOWED ON MY PART TO NOTIFY MEDICAL OFFICER THERE WAS A SAFETY ISSUE AT HAND, V. EASTER BY IGO RETURN STATED THAT I WAS TO INFORM NURSES OF A ISSUE WITH SAFETY "NOT" MEDICAL OFFICER TO COVER UP BEING DENIED MEDICAL TREATMENT, ALL PROPER ACTIONS WAS FOLLOWED ON MY PART. I HAVE 3 IGO FROM V. EASTER TO PROVE MY FACT I WAS DENIED TREATMENT AND THAT INFAC MEDICAL ADMINISTRATION DOES HIDE FACTS AND GIVES MISLEADING INFORMATION TO ALL.

Offender Signature: Jahmyr LewisDate: 5-12-14

Grievance Response:

A review of the Step 1 medical grievance, the response and the supporting documentation has been completed regarding your report that you were denied medical care. You reported that you submitted a Sick Call Request (SCR) and you were not seen in the medical department for your bladder concerns.

However, documentation shows that you did submit a SCR to the medical department on 04-09-2014 with concerns of urinary and bladder pains, and asking for an extra pair of boxers. You were scheduled for a medical encounter on 04-10-2014. You were scheduled to be seen by the provider but declined to wait your turn to be evaluated. You stated that "I am not going to sit here and wait on her all day". You were told by security that you could go home and come back later but the nurse informed both the officer and you that if you left the infirmary prior to being seen, your appointment would be marked down as a refusal of treatment. You chose to leave the medical department after being told that it would be a refusal. You submitted a SCR on 04-14-2014 stating that you had a problem being placed in the waiting room of the medical department due to other offender's that have made threats against you. You were informed that if you informed the medical officer and the medical staff of this concern that arrangement will be made for you to wait in your dorm until the provider is ready to examine you. This issue was not brought forth previously and had no bearing on the medical encounter that you did not want to wait for on 04-10-2014. You were scheduled to be seen in medical on 04-16-2014 and again left prior to being seen. You submitted a SCR on 04-24-2014 and stated that since you were denied medical care on 04-10-2014, you had filed a grievance. You were seen on 04-24-2014 to discuss your SCR concerning your missed appointments and your grievance. During this encounter you accused the nurse of "fibbing" and that you would handle this through your attorney and at that time the medical encounter ended. Documentation shows that you have not been denied access to medical care at this time. Should you feel that your condition requires further evaluation you may submit a Sick Call Request to the medical department.

**STEP II MEDICAL GRIEVANCE PROGRAM**  
**OFFICE OF PROFESSIONAL STANDARDS**  
**TDOJ HEALTH SERVICES DIVISION**

Signature Authority:

Date: 7-28-14Returned because: *\*Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**2<sup>nd</sup> Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

**3<sup>rd</sup> Submission** CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_





## Texas Department of Criminal Justice

# STEP 1

## OFFENDER GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2014130508  
 Date Received: APR 18 2014  
 Date Due: 5-28-14  
 Grievance Code: 608  
 Investigator ID #: 2131  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: MAY 10 2014

Offender Name: Johnny D Lewis TDCJ # 1879387Unit: LINDSEY Housing Assignment: C-1-28Unit where incident occurred: 1620 FM 3344 JACKSON, TX  
76458

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? V. EASTER RN When? 4-14-14 4-16-2014  
I IGO ARRANGEMENTS TO BE MADE / 2ND YOUR CHRONIC CARE WAS RESCHEDULED  
I IGO 4-16-14 10:40

What was their response? So Be in Dorm.What action was taken? WAS NOT SEEN AT ALL FOR MEDICAL ISSUES. APR 18 2014

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

APR 18 2014

IN THIS GRIEVANCE I WOULD SHOW "NEGLECT" FOR "SERIOUS MEDICAL NEEDS"  
I HAVE A RIGHT TO MEDICAL CARE GUARANTEED BY THE EIGHTH AMENDMENT WHICH  
PROHIBITS CRUEL AND UNUSUAL PUNISHMENT. ON 4-10-14 LINDSEY MEDICAL STAFF  
HAS DENIED OR UNREASONABLY DELAYED MY RIGHT ACCESS TO PROPER MEDICAL CARE  
IN VIOLATION TO THE EIGHTH AMENDMENT BY MEDICAL STAFF MS NASH FAILED HER DUTY  
TO PROVIDE MEDICAL CARE. "FAILED TO USE REASONABLE CARE" FOR MY CHRONIC CONDITION  
"HYPERTENSION" AS WELL AS FOR A "SERIOUS MEDICAL NEEDS" AS IN BLOOD IN URIN.  
I WAS DENIED TO SEE A MEDICAL DOCTOR ON 4-10-14 AS THIS TIME I HAVE  
HAD SLIGHT BLADDER PAINS HARD TO URINATE, I HAVE BEEN DENIED EXTRA CLOTHS  
DUE TO URIN RELEASE IN BOTH SETS I HAVE HAD AND MEDICINE FAILS TO HELP  
WITH EXTRA PAIR SO IM NOT IN URIN SOAKED CLOTHS. C-1 DORM FROM HIGH  
UP RANK DID INFORM MEDICAL OFFICER THAT ANY C-1 OFFENDERS ARE NOT  
TO BE IN WAITING ROOM DUE TO CONFLICTS WITH OTHER OFFENDERS FROM  
OTHER DORMS. MEDICAL STAFF MS NASH DID IN FACT VIOLATE THAT ORDER.  
AS A IGO RETURN DATED 4-14-2014 STATING. ARRANGEMENTS ARE MADE  
FOR YOU TO WAIT IN YOUR DORM UNTIL PROVIDER OR NURSE IS READY  
TO EXAMINE YOU. PER VEASTER RN. APR 18 2014  
"INTENTIONAL INFLICTION OF EMOTIONAL DISTRESS" BY NURSE MS NASH  
DENIAL FOR ME TO SEE DOCTOR FOR BLADDER WITH TRACE OF BLOOD

APR 18 2014

IN SPECIMEN ON 4-09-14 THAT I NEEDED TO SEE DOCTOR. APR 18 2014

APR 18 2014

APR 18 2014

APR 18 2014

APR 18 2014

APR 18 2014

Action Requested to resolve your Complaint.

TO RECEIVE CONSTITUTIONALLY ADEQUATE MEDICAL CARE IN A SAFE ENVIRONMENT.

Offender Signature: John Lugo

APR 18 2014

Date: 4-18-14

Grievance Response:

You have not been denied medical care. You have been informed that your Chronic Care Clinic was rescheduled on 4/10/14 and that you needed to resubmit a SCR for your Urinary Tract Symptoms. As of today's date you have not submitted a SCR for this complaint since 4/10/14. A medical officer is constantly present in the medical department maintaining a safe environment. At this time your medical grievance is denied.

Signature Authority:

V. Easter R. FNM, CA

Date: 4-28-14

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

### OFFICE USE ONLY

#### Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

#### 2nd Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

#### 3rd Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_



## Texas Department of Criminal Justice

## STEP 1

OFFENDER  
GRIEVANCE FORM

## OFFICE USE ONLY

Grievance #: 2014139478  
 Date Received: MAY 05 2014  
 Date Due: 6-14-14  
 Grievance Code: 815  
 Investigator ID #: 72131  
 Extension Date: \_\_\_\_\_  
 Date Retd to Offender: MAY 10 2014

Offender Name: JOHNNY LEWIS TDCJ # 1879387Unit: LINDSEY Housing Assignment: C-1-28Unit where incident occurred: 1620 FM 3344 JACKSBORO TX  
76458

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? MEDICAL ADMINISTRATOR V EASTER When? 4-28-14 8:20AMWhat was their response? ALLIGATIONS THAT I REFUSED MEDICAL ON 4-10-14.What action was taken? FALSE ALLIGATIONS IN 2 STATEMENTS BY TWO MEDICAL STAFF.

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

MAY 05 2014 MAY 05 2014  
 I WAS INFORMED IN A MEETING ON 4-24-14 AT 8:20AM THAT TWO MEDICAL PERSONAL WROTE STATEMENTS ON A INCIDENT THAT THEY NEVER HEARD THE COMPLETE CONVERSATION. THAY FILED FALSE REPORTS. MAY 05 2014

THE MEDICAL PERSONAL WROTE FALSE STATEMENTS KNOWINGLY THAT THAY ONLY HEARD THE LAST PART OF A CONVERSATION FROM MYSELF AS WELL AS SECURITY MS WRIGHT. MAY 05 2014

MAY 05 2014  
 SECURITY MS WRIGHT WAS INFORMED AS REQUIRED. MEDICAL STAFF AS WELL AS V. EASTER DID VIOLATE THE PD 22 Rule 23 MISTREATMENT OF OFFENDERS. MAY 05 2014

Rule 49. MISUSE OF OFFICIAL AUTHORITY OR INFORMATION.  
 Rule 5. RECKLESS ENDANGERMENT MAY 05 2014  
 Rule 8. FAILURE TO FOLLOW PROPER SAFETY PROCEDURES.

MAY 05 2014  
 IT IS CLEAR THAT MEDICAL PERSONAL WILL FILE FALSE REPORTS TO HIDE THEIR MISTAKES IN THEIR JOB DUTY. AND THAT IT IS A COVER UP FOR THE TAKE IN TO DENY TREATMENT.



MAY 05 2014

MAY 05 2014

MAY 05 2014

MAY 05 2014

MAY 05 2014

Action Requested of Offender's Complaint.

MAY 03 2014 THIS BE INVESTIGATED AGAIN AND RECORD SHOW  
 MEDICAL STAFF DID FILE FALSE REPORT THAT YOU SPEAK WITH MS WRIGHT  
 MAY 03 2014 AGAIN

Offender Signature: Jahm L...Date: 5-2-14

Grievance Response:

Administration has investigated your allegations. There's not enough evidence to support your  
 allegation. No further action needed.

Signature Authority: W. B. I. May BrandoDate: 5-9-14

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.  
 State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. No documented attempt at informal resolution. \*
- ☐ 6. No requested relief is stated. \*
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # \_\_\_\_\_
- ☐ 10. Illegible/Incomprehensible. \*
- ☐ 11. Inappropriate. \*

UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely  
 affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

## OFFICE USE ONLY

Initial Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2nd Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3rd Submission

UGI Initials: \_\_\_\_\_

Grievance #: \_\_\_\_\_

Screening Criteria Used: \_\_\_\_\_

Date Recd from Offender: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

LN



Texas Department of Criminal Justice  
**STEP 2**  
**OFFENDER**  
**GRIEVANCE FORM**

**OFFICE USE ONLY**

Grievance #: 2014139478  
UGI Recd Date: MAY 13 2014  
HQ Recd Date: MAY 16 2014  
Date Due: 6-17  
Grievance Code: 815  
Investigator ID #: JH687  
Extension Date: \_\_\_\_\_

Offender Name: Johnny Lewis  
Unit: LINDSEY LN Housing Assignment  
Unit where incident occurred: 1620 FM 331 JACKSBORO TX

# 1879387  
28

You must attach the completed Step 1 Grievance accepted. You may not appeal to Step 2 with a \$

has been signed by the Warden for your Step 2 appeal to be it has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

TWO STATEMENTS WRITTEN BY MEDICAL STAFF ON 4-10-14 THAT SUPPORTS MY I 127. THEM STATEMENTS WAS USED TO DENY I 127 "2014130508" THE OFFICER EVEN TOLD OFFICIALS THEIR STATEMENTS WAS FALSE, EVEN IN A MEETING I WAS TOLD MEDICAL STAFF ALWAYS BELIVES THE REASON IS BECAUSE 998 DENY MEDICAL TREATMENT THAT IS WHY THEY WROTE THEM STATEMENTS. CIO'S STATEMENT PROVES I AM RIGHT ABOUT THIS, LOOK AT MEDICAL STAFFS STATEMENTS AND LOOK AT CIO'S FROM 4-10-14.

Offender Signature: Johnny LewisDate: 5-12-14

Grievance Response:

Lewis, Johnny #1879387  
2014139478

Your Step 2 grievance has been reviewed by our office. An investigation was conducted into your allegations of medical staff providing false statements regarding your departure from the medical department on April 10, 2014. Statements from staff were obtained and reviewed along with the investigative documentation from your previously filed grievance (#2014130508). No evidence was discovered to support your allegations. In the absence of evidence, action from this office is not warranted.

Kenneth Gaston  
Deputy Director of Operations  
Private Facility Contract Monitoring/Oversight Division

Signature Authority: [Signature]Date: 2/2/14

Returned because: \*Resubmit this form when corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. \*
- ☐ 3. Originals not submitted. \*
- ☐ 4. Inappropriate/Excessive attachments. \*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. \*

CGO Staff Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one) ☐ Screened ☐ Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

Created By Pearl EMR  
Schema: CMCP

Report Date/Time: 10/17/2013 03:35:26P

# Medication Print Pass

**ALLERGIES:**  
RISPERIDONE

LINDSEY (LN)

4B2

**PATIENT: LEWIS, JOHNNY D MRN: 1879387 DOB: 11/30/1977 HOUSING: C2 BED 14**

## AMLODIPINE 5MG TABLET

Rx ID: 16365188

1 TABS ORAL DAILY for 30 Days

REFILLS: 0 / 11

RX DATE: 10/17/2013 02:05:47PM

RUN START DATE: 10/17/2013 02:05:00PM

RUN END DATE: 11/16/2013 02:05:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 10/12/2014 02:05:00PM

ORDERING PROVIDER: JOSHI, SUBHASH A M.D.

MEDICATION STATUS: ACTIVE

ENTRY USER: JOSHI, SUBHASH A M.D.

## CARBAMAZEPINE 200MG TABLET

Rx ID: 16288501

1 TABS ORAL EVERY MORNING for 30 Days NEW STATE JAIL INTAKE; CONVERTED FROM TDCJ MONTFORD UNIT.

REFILLS: 0 / 0

RX DATE: 10/02/2013 01:21:02PM

RUN START DATE: 10/02/2013 01:15:00PM

RUN END DATE: 11/01/2013 01:15:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 11/01/2013 01:15:00PM

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

ENTRY USER: GUINN, KENNETH W L.V.N.

## CARBAMAZEPINE 200MG TABLET

Rx ID: 16288513

2 TABS ORAL EVERY EVENING for 30 Days NEW STATE JAIL INTAKE; CONVERTED FROM TDCJ, MONTFORD UNIT.

REFILLS: 0 / 0

RX DATE: 10/02/2013 01:21:02PM

RUN START DATE: 10/02/2013 01:16:00PM

RUN END DATE: 11/01/2013 01:16:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 11/01/2013 01:16:00PM

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

ENTRY USER: GUINN, KENNETH W L.V.N.

## GEODON 20MG CAPSULE #

Rx ID: 16288468

1 CAPS ORAL TWICE DAILY for 30 Days CONVERTED FROM TDCJ TO NEW STATE JAIL INTAKE; PREVIOUSLY HAD NON-FORM APPROVAL FROM MONTFORD UNIT, TX TECH SIDE. FOR 30 DAYS ONLY UNTIL SEEN BY MENTAL HEALTH PROVIDER.

REFILLS: 0 / 0

RX DATE: 10/02/2013 01:21:02PM

RUN START DATE: 10/02/2013 01:11:00PM

RUN END DATE: 11/01/2013 01:11:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 11/01/2013 01:11:00PM

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

ENTRY USER: GUINN, KENNETH W L.V.N.

## IBUPROFEN 600MG TABLET

Rx ID: 16288558

1 TABS ORAL TWICE DAILY for 30 Days NEW STATE JAIL INTAKE; CONVERTED FROM TDCJ, MONTFORD UNIT. As Needed (PRN)

REFILLS: 0 / 0

RX DATE: 10/02/2013 01:21:03PM

RUN START DATE: 10/02/2013 01:20:00PM

RUN END DATE: 11/01/2013 01:20:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 11/01/2013 01:20:00PM

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

ENTRY USER: GUINN, KENNETH W L.V.N.

## LEVOTHYROXINE 0.05MG TABLET

Rx ID: 16365193

1 TABS ORAL DAILY for 30 Days

REFILLS: 0 / 11

RX DATE: 10/17/2013 02:05:47PM

RUN START DATE: 10/28/2013 02:05:00PM

RUN END DATE: 11/27/2013 02:05:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 10/23/2014 02:05:00PM

ORDERING PROVIDER: JOSHI, SUBHASH A M.D.

MEDICATION STATUS: ACTIVE

ENTRY USER: JOSHI, SUBHASH A M.D.

## OMEPRAZOLE 20MG CAPSULE

Rx ID: 16288538

1 CAPS ORAL TWICE DAILY for 30 Days NEW STATE JAIL INTAKE; CONVERTED FROM TDCJ, MONTFORD UNIT

REFILLS: 0 / 0

RX DATE: 10/02/2013 01:21:03PM

RUN START DATE: 10/02/2013 01:18:00PM

RUN END DATE: 11/01/2013 01:18:00PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 11/01/2013 01:18:00PM

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

ENTRY USER: GUINN, KENNETH W L.V.N.

TOTAL FOR LEWIS, JOHNNY D

7

Created By Pearl EMR - PHO512 CMCP  
Schema: TDCJ

Report Date/Time: 8/04/2014 08:53AM

**EMR Medication Print Pass**  
*Active Medications From 08/04/2014 to 08/05/2014*  
**LINDSEY (LN)**

**ALLERGIES:**  
RISPERIDONE

**PATIENT: LEWIS, JOHNNY D MRN: 1879387 DOB: 11/30/1972 HOUSING: C1 BED 138**

**AMLODIPINE 5MG TABLET**

1 TABS ORAL DAILY FOR 30 DAYS.

RX DATE: 08/04/2014 08:52 AM

ORDERING FACILITY: LINDSEY (LN)

ORDERING PROVIDER: JOSHI, SUBHASH A M.D.

MEDICATION STATUS: ACTIVE

RUN START DATE: 08/05/2014 01:01 AM

Rx ID: 17798501  
REFILLS: 0 / 8  
RUN END DATE: 09/04/2014 01:01 AM  
EXPIRATION DATE: 05/02/2015 01:01 AM

ENTRY USER: EASTER, VICKY L R.N.

**LEVOTHYROXINE 0.15MG TABLET**

1 TABS ORAL DAILY FOR 30 DAYS.

RX DATE: 07/18/2014 09:14 AM

ORDERING FACILITY: LINDSEY (LN)

ORDERING PROVIDER: REYNOLDS, MARK E NP

MEDICATION STATUS: ACTIVE

RUN START DATE: 07/18/2014 09:12 AM

Rx ID: 17720050  
REFILLS: 0 / 11  
RUN END DATE: 08/17/2014 09:12 AM  
EXPIRATION DATE: 07/13/2015 09:12 AM

ENTRY USER: REYNOLDS, MARK E NP

**LORATADINE 10MG TABLET**

1 TABS ORAL DAILY FOR 30 DAYS.

RX DATE: 07/18/2014 09:14 AM

ORDERING FACILITY: LINDSEY (LN)

ORDERING PROVIDER: REYNOLDS, MARK E NP

MEDICATION STATUS: ACTIVE

RUN START DATE: 07/18/2014 09:13 AM

Rx ID: 17720068  
REFILLS: 0 / 2  
RUN END DATE: 08/17/2014 09:13 AM  
EXPIRATION DATE: 10/16/2014 09:13 AM

ENTRY USER: REYNOLDS, MARK E NP

**NORTRIPTYLINE HCL 75MG CAPSULE**

1 CAPS ORAL EVERY EVENING FOR 30 DAYS.

RX DATE: 05/23/2014 07:43 PM

ORDERING FACILITY: LINDSEY (LN)

ORDERING PROVIDER: NATHAN, PRADAN A M.D.

MEDICATION STATUS: ACTIVE

RUN START DATE: 07/22/2014 07:42 PM

Rx ID: 17450405  
REFILLS: 2 / 11  
RUN END DATE: 08/21/2014 07:42 PM  
EXPIRATION DATE: 05/18/2015 07:42 PM

ENTRY USER: NATHAN, PRADAN A M.D.

**PRAVASTATIN 20MG TABLET**

1 TABS ORAL EVERY EVENING FOR 30 DAYS.

RX DATE: 07/18/2014 09:14 AM

ORDERING FACILITY: LINDSEY (LN)

ORDERING PROVIDER: REYNOLDS, MARK E NP

MEDICATION STATUS: ACTIVE

RUN START DATE: 07/18/2014 09:13 AM

Rx ID: 17720058  
REFILLS: 0 / 11  
RUN END DATE: 08/17/2014 09:13 AM  
EXPIRATION DATE: 07/13/2015 09:13 AM

ENTRY USER: REYNOLDS, MARK E NP

**300-IBUPROFEN 600MG TABLET**

KOP 1 TABS ORAL TWICE DAILY AS NEEDED FOR 30 DAYS. #30 - 1 CARD TO LAST 30 DAYS.

RX DATE: 07/02/2014 08:07 AM

ORDERING FACILITY: LINDSEY (LN)

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

RUN START DATE: 07/10/2014 01:01 AM

Rx ID: 17637338  
REFILLS: 0 / 1  
RUN END DATE: 08/09/2014 01:01 AM  
EXPIRATION DATE: 09/08/2014 01:01 AM

ENTRY USER: EASTER, VICKY L R.N.



Created By Pearl EMR - PHO512 CMCP  
Schema: TDCJ

Report Date/Time: 8/04/2014 08:53AM

**EMR Medication Print Pass**  
Active Medications From 08/04/2014 to 08/05/2014  
LINDSEY (LN)

**ALLERGIES:**  
RISPERIDONE

PATIENT: LEWIS, JOHNNY D MRN: 1879387 DOB: 11/30/1972 HOUSING: C1 BED 138

**RANITIDINE 150MG TABLET**

Rx ID: 17340894

KOP 1 TABS ORAL TWICE DAILY FOR 30 DAYS.

REFILLS: 3 / 5

RX DATE: 05/02/2014 03:53 PM

RUN START DATE: 07/31/2014 03:53 PM

RUN END DATE: 08/30/2014 03:53 PM

ORDERING FACILITY: LINDSEY (LN)

EXPIRATION DATE: 10/29/2014 03:53 PM

ORDERING PROVIDER: FLEMING, SUZZAN B NP

MEDICATION STATUS: ACTIVE

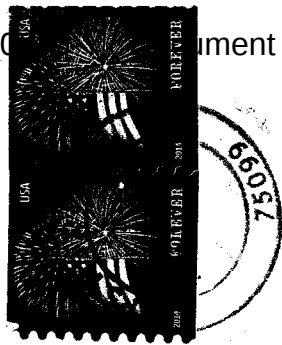
ENTRY USER: FLEMING, SUZZAN B NP

TOTAL FOR LEWIS, JOHNNY D

7

Seen DOCTOR 7-18-14 CHANGED MEDICATION. Received THIS 8-04-14.

IN A MEETING WITH YEASTER 8:30AM. She WAS UPSAT DUE TO A ISO STATING "WHY ARE WE ALWAYS MISLEAD" THEN OUT OF SPITE SHE WAS TALKING RUDELY ABOUT A DOCT ON DENTIST THAT I BROUGHT IT TO her ATTENTION THAT WAS NOT MY NAME ON SICK.



RECEIVED  
U.S. DISTRICT COURT  
NORTHERN DIST. OF TX  
FORT WORTH DIVISION  
2014 AUG 18 PM 12:36  
CLERK OF COURT

UNITED STATES DISTRICT COURT  
OFFICE OF THE CLERK  
NORTHERN DISTRICT OF TEXAS  
501 WEST TENTH ST ROOM 310  
FORT WORTH, TX 76102

LINDSEY STATE JAIL  
NAME John Lewis  
TDC# 1879587  
HOUSING ASSIGN C-128  
1620 PM 3344  
JACKSBORO, TX 76458

Legal  
414-CV-005470-(55)

40 FLY  
PRIVILEGED OFFENDER MAIL  
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DEPARTMENT OF CRIMINAL  
JUSTICE - CORRECTIONAL  
INSTITUTIONS DIVISION